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Bib Data Sheet

CONFIRMATION NO. 2023

<b>SERIAL NUMBER</b> 09/914,248	<b>FILING DATE</b> 08/24/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> P01.0292	
<b>APPLICANTS</b> Gunnar Magnusson, Arsta, SWEDEN; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/SE00/00203 02/01/2000 <b>** FOREIGN APPLICATIONS *****</b> SWEDEN 9900682-7 02/25/1999					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>MB</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 26574					
<b>TITLE</b> Implantable tissue stimulating device					
<b>FILING FEE RECEIVED</b> 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		